

City of Troy Parks and Recreation - 2016 Adult Softball Team Roster

Team Name _____ League _____

Manager's Name _____ Phone _____ Email _____

Assistant Manager's Name _____ Phone _____ Email _____

Print Player's Name	Address	City	Zip	Phone	Birthdate	Age	Driver's License	Troy Employer	Res, Non-Res or Emp
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Release of Liability - Both sides of this form must be FULLY completed!!

Team Name _____ League _____ Field Owners-City of Troy, Troy School District

By signing the Release of Liability below, I voluntarily release and hold harmless the City of Troy and the City of Troy School District, and any representatives, agents, employees or volunteers for either the City of Troy or City of Troy School District from all liability for all types of damages and injuries, whether foreseeable or not, sustained by myself, my family and guests while participating, watching and traveling to or from this activity. This release includes, but is not limited to, the condition of the playing area, and the acts or omissions of other players, managers, officials, groundskeepers and spectators. I agree to accept all responsibility and liability in case of an accident to myself, my family and guests during all league and practice play. I also agree to abide by the rules and regulations of the program and the rules of good sportsmanship and to conduct myself as a gentleman/lady at all times - both on and off the playing field. I also agree that the information about myself provided on the front of this document is correct. I am signing this release in the presence of the manager of the team to indicate that I have read, understand, and agree to the release as set forth above.

ASA - Player Waiver/Release of Liability and Indemnification Agreement (For Multiple Field Owner’s Use)

I, the undersigned player, acknowledge, agree and understand that: 1) Voluntarily and of my own free will, I elect to participate as a member of the softball team and league indicated above. 2) I understand that there are certain risks and hazards involved in participating in softball that may result in injury or death to me or other players, including, but not limited to those hazards associated with weather conditions, playing conditions, equipment and other participants. 3) I understand that sliding into bases is dangerous to me and to other players and may result in serious injury or death. 4) I understand that the very nature of the game of softball is hazardous and risky, including, but not limited to, the acts of pitching, throwing, fielding and catching of the ball, the swinging of the bat, running, jumping, stretching, sliding, diving, and collisions with other players and with stationary objects, all of which can cause serious injury or death to me and to other players.

Further, I, the undersigned player, agree that in consideration for the right to play as a member of the team designated below and in consideration for permission to play on the field arranged for by the team or league: 1) I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing as a member of the team so designated, (b) while serving in a non-playing capacity as a team member during practice or play by other teams or by other players on my team, and (c) while on or upon the premises of any and all of the field arranged for by my team or league for practice or play. 2) I release, discharge and agree not to sue the team and league designated above, the field owners or other entity designated above, the Amateur Softball Association of America, or their owners, officers, agents, servants, associations, employees, or any person or entity connected with the team, league, field or Amateur Softball Association of American for any claim, damages, casts or cause or action which I have or may in the future have as a result of injuries or damages sustained or incurred by me from whatever cause including but not limited to the negligence, breach of contract or wrongful conduct of the parties hereby released. I acknowledge that I have read and that I understand each and every one of the above provisions in this waiver, release of liability and indemnification agreement and agree to abide by them.

Print Player’s Name	Player’s Signature	Date	Release Date - Mgr Sign.
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As manager of the team and players listed above and on the opposite side, I have this _____ day of _____, 20 ____, duly registered these players and have informed them of the rules and regulations of the program. I understand that misrepresentation of any of the above information will be cause for the penalty as described in the league rules and regulations.

Manager Signature _____ Date _____

ALL PARTICIPANTS SHOULD BE PREPARED FOR PLAYER IDENTIFICATION CHECKS THROUGHOUT THE SEASON. ALL PLAYERS SHOULD HAVE THEIR DRIVER’S LICENSE IN THEIR POSSESSION AT ALL TIMES. FAILURE TO PROVIDE A CURRENT VALID MICHIGAN DRIVER’S LICENSE (WITH PHOTO) OR A STATE OF MICHIGAN PICTURE ID, MAY RESULT IN FORFEITURE OF A GAME AND FURTHER SUSPENSION.